

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1.
  - a. Whether there should be reimbursement for date of service 3-28-02.
  - b. The request was received on 8-5-02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFAs
  - c. EOBs
  - d. Pre-Authorization letter, dated 3-26-02
  - e. Medical Records
  - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to a Request for Dispute Resolution
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 9-10-02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 9-11-02. The response from the insurance carrier was received in the Division on 9-25-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. A letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 10-3-02:

"We received partial payment from (Carrier) on October 2, 2002, but we do not feel the payment is correct. (Carrier) paid the first unit of the facet injections, but continues to deny the two additional units stating 'one facet injection was authorized. Multiple levels were not approved.' There is no specific number of units stated in the pre-auth letter. Attached you will find a copy of the EOB sent with the October 2<sup>nd</sup> payment."
2. Respondent: Letter dated 9-25-02:

"The requestor billed (Carrier) for multiple level facet injections using CPT Codes 64442 and 64443, despite an authorization for a single facet injection. The carrier initially incorrectly denied payment; however, on appeal, the carrier remitted payment in the amount of \$155.00, the MAR amount for a single level facet injection. The carrier denied the remaining unauthorized injection levels as unnecessary based on a peer review...the carrier maintains its position."

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 3-28-02.
2. The carrier denied the billed services as reflected on the EOB as, “V – UNNECESSARY TREATMENT (WITH PEER REVIEW)”; “S – supplemental payment. One facet injection was auth. The original denials are incorrect.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
3-28-02	64442	\$289.00	\$155.00	V, S	\$155.00	Twcc Rule 133.301 (a); CPT Descriptor	<p>The Carrier has denied the disputed services as “V – UNNECESSARY TREATMENT (WITH PEER REVIEW)”.</p> <p>The Carrier had issued preauthorization on 3-26-02 for “lumbar facet injection”. The carrier initially denied the disputed items as “V”. Upon reaudit the carrier paid for one lumbar facet injection, and denied the additional injections as “V”.</p> <p>The issue of this dispute is whether or not the services rendered were preauthorized. Pursuant to TWCC Rule 133.301 (a), “The insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatment(s) and/or service(s) for which the health care provider has obtained preauthorization under Chapter 134...” However, review of the preauthorization approval supports that the carrier approved a lumbar facet injection. The authorization appears to be <b>singular</b> in content. Therefore, the carrier has reimbursed the provider appropriately (for one injection as supported by EOB dated 5-16-02). Preauthorization was not obtained for multiple level lumbar facet injections.</p> <p>No further reimbursement is recommended.</p>
3-28-02	64442-50	\$144.50	\$-0-	V			
3-28-02	64443	\$175.00	\$-0-	V			
3-28-02	64443	\$175.00	\$-0-	V			
3-28-02	64443-50	\$ 87.50	\$-0-	V			
3-28-02	64443-50	\$ 87.50	\$-0-	V			
<b>Totals</b>		\$958.50	\$155.00				The Requestor <b>is not</b> entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 22nd day of January 2003.

Lesia Lenart  
Medical Dispute Resolution Officer  
Medical Review Division

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